FILED JAN 2	1951		IVISION OF HI			-		42024
ILLD OTTO		SIAN	DARD CERTI	FICATE C	OF DEATH	1 5	sate File No	36004
BIRTH NO		_ REG. DIST	. NO	PRIMARY REG	. DIST. NO.	<u>1003 </u>	egistrar's No.:	10858
I. PLACE OF DE. a. COUNTY	ATH			2. USUAL a. STATE	RESIDENC Missouri	CE (Where decease	d lived. If ine	titution: residence before admission
OR	orporate limits, write RI	URAL and give townsi	c. LENGTH OF STAY (In this place 2 Weeks	c. CITY (II OR TOWN	St. Loui	ilmits, write RURA	L and give town	
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or in DePaul Hos	· · · · - · · ·	reet address or location)	d. STREET ADDRES	s 6413	Lloyd Ave		0
3. NAME OF DECEASED (Type or Print)	a. (First) CARRIE	RAWSO	b. (Middle) N BRA	c. (1 ZNELL	ast)	4. DATE OF DEATH]	(Month) December	(Day) (Year) r 18, 1950
<i>1</i> 1	color or race	7. MARRIED WIDOWED Marri	NEVER MARRIED, DIVORCED (Specify) ed	8. DATE OF Novembe	BIRTH r 29,188	last birth:	years IF UNDER	Days Hours Min.
10a. USUAL OCCUPATI done during most of work Housewif	ing life, even if retired)	10b. KIND C	OF BUSINESS OR IN- DUSTRY ME	11. BIRTHPLACE (State or foreign country) Waverly, Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.
3a. FATHER'S NAME		136.	MOTHER'S MAIDE	NAME	14.	NAME OF HUS	SAND OR WIF	
J. Fletche			<u>Maria E. Bo</u>				Braznell	
15. WAS DECEASED EV (Yee, no, or unknown) (1			social security No.		mants s m H. Bra	IGNATURE OF		ADDRESS Llty Drive
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO	NDITION NG TO DEATH		CERTIFICA		Dan Den	اهرد	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	ode of dying, such Morbid conditions, if any, giving DUE TO (b) Tolycy he make the distributed in the underlying cause last.							Congental
ease, injury, or complica- tion which caused death.	•							
19a. DATE OF OPERA-	19b. MAJOR FIND	INGS OF OPE	RATION					20. AUTOPSY7
21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	1b. PLACE OF 1	NJURY (e.g., in or about ry, etreet, office bldg., etc.)	21c. (CITY, 1	OWN, OR TOW	NSHIP)	(COUNTY)	(STATE)
21d. TIME (Month OF INJURY) (Day) (Year) (I	Hour) 21e. WHILE		21f. HOW DI	D INJURY OCC	UR7	2	143X
22. I hereby certify alive on	that I attended th	he deceased of that	from <u>Nov 19</u> death occurred at		to Dec. , from the co	uses and on the	2, that I las	
23a. SIGNATURE	TRai	u	O M. D	· 9L.	LO :12	a rlingt	<i>∞</i> ~	23c. DATE SIGNED
24a. BURIAL, CREMA TION, REMOVAL (Bood) BURIAL ()	Dec 20,1	950 S	. NAME OF CEMETER unset Buria	l Park .		LOCATION (ON) St. Louis	, Misso	ouri.
BEC 19 1950		asal	an e	Shepar				oomess milton Ave.
		(licensed Embalmer's	Statement on R	everse Side)			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by...

working under my personal supervision.

Licensed Embalmer No.

P. O. Address. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Student Embalmer